Plumbers & Steamfitters Local 486
Medical Fund
Board of Trustees Meeting
December 10, 2018

PLUMBERS & STEAMFITTERS LOCAL 486 MEDICAL FUND

AGENDA

December 10, 2018

A. ROLL CALL

B. ELECTION OF OFFICERS

C. READING OF THE MINUTES – November 12, 2018

D. ADMINISTRATION REPORTS
1. Medical Fund Cash Balance – November 30, 2018
2. Medical Fund Schedules – November 30, 2018
3. Medical Fund Bills To Be Approved & Paid – December 10, 2018
4. Administrative Cash Balance – November 30, 2018
5. Principal Account Activity – November 2018
6. Claims Analysis – November 30, 2018
7. Claimant Usage Report – November 30, 2018
8. High Cost Medical Claims – November 2018
9. Bolton Partners – Projected vs. Actual – November 30, 2018

E. UNFINISHED BUSINESS

1. Delinquent Contractors

F. NEW BUSINESS
1. Deaths: Thomas Plock, 11/12/2018, age 47
   Allan Desrosiers, 11/24/2018, age 72
   David Bilenki, 12/2/2018, age 72
2. Retirements: Keith Hall, Normal, age 62, Not Eligible
   Donald Johnston, age 55, Not Eligible
   Joel Meredith, age 62, Not Eligible
   Michael Fox, age 64, Eligible
3. Optum Rx Performance Review – Marco Perez
4. Open Enrollment
5. Vision Benefit
6. Web Xg Member Portal
7. Appeals
8. Questions
9. Date of Next Meeting – January 7, 2018 at 2:00 p.m.
   February 11, 2018 at 2:00 p.m.

Plumbers & Steamfitters Local 486
Medical Fund
911 Ridgebrook Road
Sparks, Maryland 21152-9451
Toll Free Telephone (888) 494-4443
www.associated-admin.com

Trustees Attending: K. Cordell, E. Eckstein, A. George, K. Kahl, M. Rinker, S.Weissenberger, W. Welsh

Others Attending: K. Bradley, D. Jensen, M. Lynne, D. Welch

The Trustees met on November 12, 2018 at the Plumbers and Steamfitters Local 486 Apprentice Training School.

Co-Chairman Weissenberger called the regular meeting to order at 10:05 a.m.

A. The Minutes of the meeting of October 9, 2018 were approved as presented.

B. The Advice Forms, Investment Analysis, Fund Cash Balance, Fund Bills to Be Approved and Paid, Administrative Cash Balance, Flex Spending & Claims Analysis and Medical Claims Usage reports for October 2018 were accepted. Trustees receiving compensation recused themselves from the votes related to their payments.

   Mr. Lynne reviewed the Projected vs. Actual Results for the ten months ended October 31, 2018 assuming 2,600,000 hours.

C. Unfinished Business

   1. Ms. Bradley reported on the current contribution delinquencies including Bay Area Mechanical Services, M&E Sales Inc., South Mountain Mechanical, Statewide Mechanical, Stone Services, and Verticon. Ms. Bradley noted that demand letters would be sent to Bay Area and M&E Sales. Ms. Bradley reported on the status of the federal lawsuit and Miller Act bond claim against Verticon.

D. New Business

1. Deaths: Leonard Schuler, Sr. – 8/5/2018, age 92
   Charles Probst, Jr. – 9/18/2018, age 74
   Gary Eyler – 9/25/2018, age 69
   Irene Loane – 10/13/218, age 89
   Lillie Szpatura – 10/23/2018, age 93
   Ethel Mae Roberts – 10/29/2018, age 101

2. The Trustees approved the retirement status for Robert Grant, Normal, age 67.

3. Ms. Welch discussed the Open Enrollment Meetings that took place on October 23 and October 24, 2018 at Rosedale Gardens Hall. Representatives from Kaiser HMO, Cigna Dental, and Conifer Health Solutions gave presentations and answered questions. Ms. Welch and Mr. Jensen gave a presentation and answered questions regarding the Plumbers and Steamfitters Local 486 Medical Plan. She noted that an additional Open Enrollment Meeting had been scheduled for November 14, 2018 from 7 p.m. to 9 p.m. at Rosedale Gardens. The Open Enrollment ends November 30, 2018 and any changes become effective January 1, 2019.

4. Ms. Welch discussed the proposed additional fee for Associated Administrators due to the increase of members into the self-insured plan. She noted the fee would be $13.75 per member per month (pmpm) for each participant moving to the self-insured plan from Aetna and the pmpm rate would be converted to a flat rate once open enrollment ended on December 1, 2018. The flat rate would be the number of participants that enrolled in the self-insured plan from Aetna multiplied by $13.75. The Trustees requested that the flat rate be provided at the next Board meeting.

   Mr. Lynne noted that the Bolton contract was currently being reviewed by Fund Counsel.

5. Ms. Welch reviewed the Summary of Material Modifications (SMM) that noted the provisions of the Summary Plan Description that have been revised effective January 1, 2019. The SMM noted that Aetna HMO will be discontinued, and the dental plan administered by Associated Administrators, LLC will change to the CIGNA Dental Preferred Provider Organization (PPO) network. Ms. Welch noted that the SMM would be distributed to all eligible participants.

6. Ms. Welch reviewed the CIGNA Dental Shared Administration card proof with the Trustees. The Trustees agreed on the card design and requested that a background color be added to the card that was different than the current medical and prescription card. She noted that the cards would be ordered for the participants and distributed prior to the January 1, 2019 effective date.

7. Ms. Welch distributed and discussed the 2017 Summary Annual Report (SAR) for the Plumbers and Steamfitters Local 486 Medical Plan. The Trustees agreed that the SAR would be mailed to all eligible participants.

8. The Board discussed medical marijuana. Ms. Bradley noted that the federal government classifies marijuana as a Schedule I drug and therefore it is illegal under federal law, even though legalized for certain purposes by many states. She noted that Schedule I drugs are classified as those with a high potential for abuse and no currently accepted medical use in treatment in the United States. Ms. Bradley informed the Trustees that medical marijuana is excluded by the terms of the Plan because it is a type of non-legend drug not approved by the FDA for medical use. After much discussion, the Board determined that medical marijuana is a non-covered drug as the Plan is currently written.

9. Ms. Welch discussed the Member XG online access service that Associated Administrators, LLC could provide for the participants to view their claim information online and through their mobile devices. She noted that the service provides personal benefit information to the members and eligible dependents via the internet which complies with all privacy regulations. The Trustees requested that a presentation be provided at the next Board meeting demonstrating the Member XG online access services.

10. The Trustees discussed several strategies to provide benefit education to the participants to improve their knowledge and understanding of the Medical Plan terms and benefits. Trustee Welsh requested that member education presentations be held bi-annually. He proposed that they be held in January and June of each year to educate the members on their benefits and answer any questions regarding the Plan.

    Trustee Welsh discussed creating informative videos that would explain each section of the Summary Plan Description that could be put on the Plumbers and Steamfitters Local 486 website. After much discussion, the Trustees approved hiring a company to create the informative videos as a benefit education

resource for the members that would be added to the Plumbers and Steamfitters Local 486 website.

11. Ms. Welch discussed the "For Your Benefit" quarterly newsletters that several Plans administered by Associated Administrators send to their members to help the members understand their benefits, provide compliance information and information on frequently asked questions.

12. Dates of the next meetings:
    December 10, 2018 at 10:00 a.m.
    January 7, 2018 at 2:00 p.m.
    February 11, 2018 at 2:00 p.m.

13. Adjournment: 11:15 a.m.

Respectfully submitted,

Dawn R. Welch
Acting Secretary for the Meeting

PLUMBERS & STEAMFITTERS LOCAL 486 MEDICAL FUND
CASH BALANCE REPORT
FOR THE ELEVEN MONTHS ENDED NOVEMBER 30, 2018

		Current Month	2018 Year To Date	2017 Year To Date
	Receipts:			
	Employer Contributions	$1,908,461.04	$20,002,211.30	$18,018,790
	Less Reciprocals Paid Out	(37,341.28)	(862,695.62)	(569,580)
	Reciprocal Contributions	85,920.81	643,425.57	1,061,395
	Employee Contributions	550.00	22,342.62	34,514
	Retiree Self Payments	112,454.75	1,181,301.96	1,300,371
	COBRA Contributions	0.00	9,559.67	9,624
	Investment Income	128,359.15	874,343.77	721,633
	Realized Gains & Losses	(7,775.12)	(243,312.88)	(197,842)
	Litigation Settlement Proceeds	0.00	0.00	134
		$2,190,629.35	$21,627,176.39	$20,379,039
Providers	**Disbursements:**			
	Medical Benefits	$554,019.95	$7,753,102.18	$6,963,597
	Transitional Reinsurrance Fees	$0.00	$0.00	$39,179
CareFirst BC/BS	Flexlink Fees	$6,712.57	$62,503.46	$57,673
Aetna	H. M. O.	593,882.25	6,443,391.47	5,281,406
Aetna	H. M. O. Rebate	0.00	(614,208.68)	0
Labor First	Labor First	216,229.91	2,384,397.99	2,347,172
OptumRx	Prescription Drugs	39,022.30	1,876,406.49	2,481,654
The Dental Network	Dental P. P. O.	4,314.60	43,951.97	40,651
NCAS	P. P. O.	4,535.50	48,081.00	44,919
Conifer	Utilization Reviews	2,260.00	21,964.28	21,886
Conifer	Health Management Fees	4,400.30	72,897.21	67,209
ASMED	Claims Repricing	2,134.19	51,360.69	48,691
		1,427,511.57	18,143,848.06	17,394,037
	Actuarial & Consulting	0.00	0.00	71,225
AA, LLC	Administration	25,081.06	277,605.41	265,151
WCS, CPA	Audit	5,000.00	19,200.00	16,084
IFEBP	Conference Expenses	10,932.52	21,912.18	15,327
NCCMP	Dues	1,245.00	2,120.00	2,548
Federal Ins. Co.	Fiduciary Liability Insurance	0.00	17,801.07	15,636
Zurich North America	Fidelity Bond	0.00	0.00	1,077
PNC/Chart/Col./Boyd	Investment Manager Fees	13,397.37	67,471.01	77,038
IPS	Investment Performance Fees	0.00	12,500.00	22,917
Abato, R & A	Legal Fees & Expenses	11,544.86	40,551.14	19,814
AA, LLC	Meeting Expenses	0.00	900.00	550
AA, LLC	Office Expenses	112.47	1,081.16	307
AA, LLC	Postage	488.31	7,459.90	3,611
Dept of Treasury	PCORI Fees	0.00	5,198.25	4,541
Schmitz Press	Printing Expenses	961.53	9,932.75	3,951
Recip. Admin. Svcs.	UA Reciprocity Program	0.00	900.74	950
PNC & BoA	Bank Charges	176.17	1,261.88	1,505
	Trustee Fees - Eric Eckstein	450.00	4,500.00	4,538
	Anthony George	450.00	4,500.00	4,538
	Kenneth Kahl	450.00	4,500.00	3,713
	Kari Cordell	450.00	4,500.00	3,713
		70,739.29	503,895.49	538,734.00
	Total Disbursements	$1,498,250.86	$18,647,743.55	$17,932,771.00
	Increase (Decrease) In Cash	$692,378.49	$2,979,432.84	$2,446,268
	Balance - December 31, 2017		23,292,364.39	
	Balance - November 30, 2018		$26,271,797.23	
	CASH BALANCE CONSISTING OF:			
	Cash - Operating & Claims Checking Accounts		$2,424,607.14	
	Cash - Principal Cash Account		900,000.00	
	PNC Bank - Marketable Securities At Cost		18,421,339.09	
	Boyd Watterson		4,525,851.00	
	Accounts Receivable		0.00	
	Less Loss of Time FICA Payable		0.00	
			$26,271,797.23	

PLUMBERS & STEAMFITTERS LOCAL 486 MEDICAL FUND
CASH BALANCE REPORT
FOR THE ELEVEN MONTHS ENDED NOVEMBER 30, 2018

Investment Income:		
Dividend Income	$0.00	$0.00
Interest Income	128,359.15	$874,343.77
	$128,359.15	$874,343.77
Realized Gains	(7,775.12)	(243,312.88)
	$120,584.03	$631,030.89

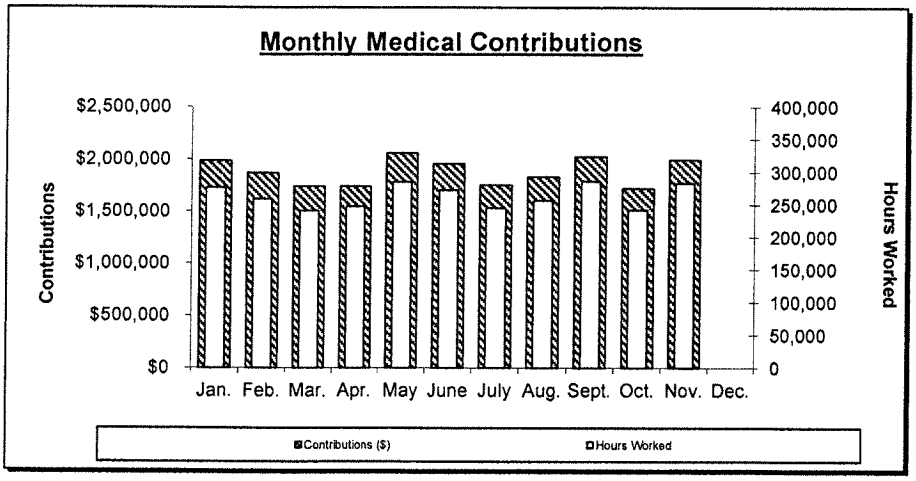
Market Value of Fund as of December 31, 2017	**$ 23,135,549.79**
Market Value of Fund as of **Nov 30, 2018**	25,872,742.51
Increase (Decrease) in Market Value of Fund	**2,737,192.72**
Less Net Income (Loss) on Cash Basis	2,979,432.84
Unrealized Gain or (Loss)	**$ (242,240.12)**

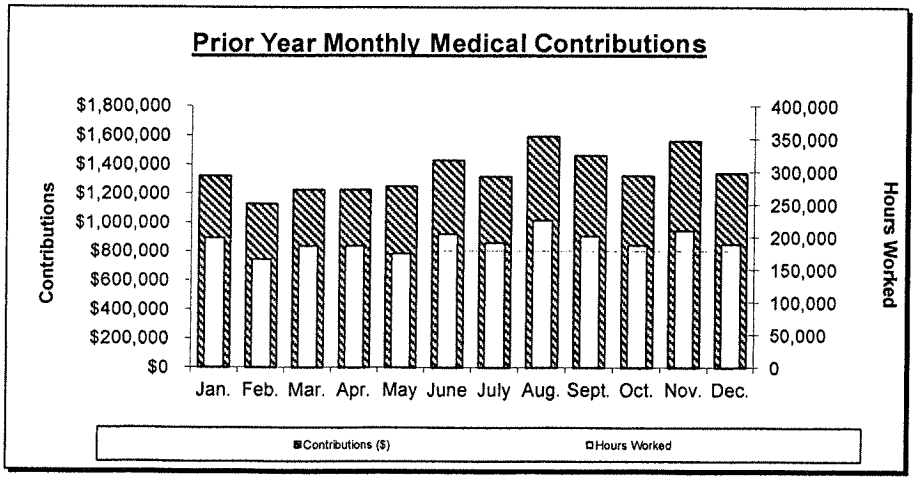
MONTHLY RESERVE CALCULATION

(A) Total Disbursements Previous 12 Months	**$ 20,516,136.97**
(B) Monthly Average (A) ÷ 12	**1,709,678.08**
(C) Adjust for 8.16% Inflation (B) x 1.0816	**1,849,187.81**
(D) Current Assets at Cost	26,271,797.23
Total Months Reserve (D) ÷ (C)	**14.21**

PLUMBERS & STEAMFITTERS LOCAL 486 MEDICAL FUND
CASH BALANCE REPORT
FOR THE ELEVEN MONTHS ENDED NOVEMBER 30, 2018

	Hours Worked		Employer Contributions	
	Curr. Month	Year To Date	Curr. Month	Year To Date
Employer Contributions:				
Nov. 2017 & Prior	0.00	17,366.66	$0.00	$267,052.37
Dec. 2017 Hours	0.00	281,998.55	$0.00	$1,874,439.10
Jan. 2018 Hours	0.00	251,106.25	$0.00	$1,819,673.40
Feb. 2018 Hours	0.00	253,858.60	$0.00	$1,796,063.08
Mar. 2018 Hours	0.00	264,401.65	$0.00	$1,906,323.89
Apr. 2018 Hours	0.00	258,519.91	$0.00	$1,855,519.34
May 2018 Hours	1,333.50	274,988.04	$4,400.55	$1,969,410.77
June 2018 Hours	0.00	251,796.90	$0.00	$1,798,806.29
July 2018 Hours	1,117.00	253,197.72	$8,730.77	$1,803,914.62
Aug. 2018 Hours	286.00	286,735.20	$2,228.30	$2,038,668.21
Sept. 2018 Hours	22,516.83	239,489.33	$142,826.45	$1,701,362.64
Oct. 2018 Hours	257,996.40	257,996.40	$1,836,745.78	$1,836,745.78
	283,249.73	2,891,455.21	1,994,931.85	$20,667,979.49
Average Hours Per Month		262,859.56		
Projected Hours This Year		3,154,314.72		
Average Contribution Rates			$7.04301	$7.14795
Average Contributions Per Month				$1,878,907.23
Projected Contributions This Year				$22,546,886.76





PLUMBERS STEAMFITTERS LOCAL 486 MEDICAL FUND
BILLS AND DISBURSEMENTS TO BE APPROVED AND PAID
December 10, 2018

1.	Plumbers & Steamfitters Joint Funds			
	Administration @ 54% Plus Direct Costs - November 2018			25,951.38
2.	Trustees Fee Checks - Trustees Meeting - November 12, 2018			
	Eric Eckstein @ $450.00			450.00
	Anthony George @ $450.00			450.00
	Kari Cordell @ $450.00			450.00
	Kenneth Kahl @ $450.00			450.00
3.	Plumbers & Steamfitters Local 486 Medical Fund			
	Transfer To PNC For Investment & Expenses - December 10, 2018			Blank
4.	Associated Administrators, LLC			
	Refreshments - December 2018			Blank
5.	Reciprocity Administration Services, Inc.			
	UARS Monthly Fee - October, November & December			310.02
6.	Aetna			
	Monthly Premium - December 2018	343	Families	545,410.17
7.	NCAS			
	BC/BS Network Management - December 2018	955	Families	4,488.50
8.	The Dental Network			
	Monthly Premium - December 2018	144	Families	4,145.40
9.	Labor First, LLC.			
	Monthly Premium - December 2018	564	Bodies	217,083.56
10.	Kaiser Permanente			
	Monthly Premium - December 2018	33	Families	32,445.30
11.	Conifer Value-Based Care, LLC			
	November 2018 Data Warehouse Reporting @ $1.03		#31338	1,087.68
	Medical Management Fees, Utilization review - November 2018		#58571	2,110.35
12.	ASMED Health, LLC			
	Claims Repricing Batch #385			1,537.30
13.	Chartwell Investment Partners			
	Investment Management Fee for the Period Ending September 30, 2018			2,793.58

PLUMBERS STEAMFITTERS LOCAL 486 MEDICAL FUND
BILLS AND DISBURSEMENTS TO BE APPROVED AND PAID
December 10, 2018

14.	Associated Administrators, LLC	
	Mailing - Apprentice SBC and SAR	47.04
	UPS - Shipment of Envelopes to CUSTOM Plastic Card Company	71.13
15.	Schmitz Press	
	Open Enrollment Meeting Notice #2	1,123.40
	Postage - SAR, SMM, SBC (paid)	386.81
16.	CUSTOM Plastic Card Company	
	Printing Local 486 Dental Cards	3,709.28
17.	Reciprocals September 2018 & Prior	
	Plumbers and Steamfitters Local #10 H & W Fund	4,859.25
	Plumbers and Steamfitters Local #152 H & W Fund	4,257.00
	Plumbers and Steamfitters Local #421 H & W Fund	2,623.50
	Plumbers and Steamfitters Local #489 H & W Fund	9,631.05
	Plumbers and Steamfitters Local #5 H & W Fund	52,648.19
	Plumbers and Steamfitters Local #602 H & W Fund	44,423.58
	Plumbers and Steamfitters Local #74 H & W Fund	12,787.51

Accounting for October 2018 Checks

Plumbers & Steamfitters Local 486 Medical Fund	
Transfer To PNC For Investment & Expenses - November 30, 2018	900,000.00
Conifer Value-Based Care, LLC	
Medical Management Fees - Personal Health Management	
Med Management Review - Medical Management Review - Screening #58570	5,751.00

PLUMBERS & STEAMFITTERS LOCAL 486
M.C.A. of MD JOINT ADMINISTRATION
ADMINISTRATION CASH REPORT
FOR THE ELEVEN MONTHS ENDED NOVEMBER 30, 2018

		Y T D Budget	Current Month	Year To Date	
Balance - January 1, 2018					$14,470.88
Receipts:					
Medical Fund	54%	$274,108	25,061.06	$277,585.41	
Pension Fund	19%	112,614	10,809.76	117,918.60	
Annuity Fund	20%	108,634	10,440.56	113,911.46	
Credit Union	1%	5,187	464.13	5,159.53	
Training Fund	4%	20,749	1,856.54	20,638.13	
Dues Fund	1%	5,187	464.13	5,159.53	
Industry Fund	1%	5,187	464.14	5,159.53	
		$531,666	$49,560.32		545,532.19
					$560,003.07
Expenses:					
Administration		$501,830	45,620.92	$501,830.08	
Audit		3,392	0.00	3,200.00	
Meeting Expenses		0	0.00	0.00	
Office		0	0.00	0.00	
Printing		1,833	613.26	995.47	
Postage		1,833	15.85	592.36	
Postage - Medical		6,875	688.74	6,188.54	
Rent		0	0.00	0.00	
Bank Service Charges		1,237	0.00	0.00	
Programming		0	0.00	0.00	
Record Destruction		0	0.00	0.00	
Employer Audits		14,667	4,442.00	36,604.50	
Total Expenses		$531,667	$51,380.77	$549,410.95	
Interest Income		0	0.00	0.00	
Net Expenses		$531,667	$51,380.77		549,410.95
Balance - November 30, 2018					$10,592.12

PLUMBERS & STEAMFITTERS LOCAL 486 MEDICAL FUND
PRINCIPAL ACCOUNT ACTIVITY
PNC BANK ACCOUNT 6785876
NOVEMBER 30, 2018

Balance - October 31, 2018 $0.00

					Receipts
a.	11/1	Sales and Maturities	(cost	$726,972.07)	$726,972.07
b.	11/1	Interest Income			1,599.02
c.	11/1	Cash Transferred From Fund Office			970,000.00
					$1,698,571.09

			Disbursements
a.	11/1	Purchases	$971,599.02
b.	11/2	Cash Transferred To Claims Checking Account	134,000.00
c.	11/2	Wire to Optum Rx	120,789.85
d.	11/9	Wire to CareFirst - Flexlink Claims	20,943.37
e.	11/9	Cash Transferred To Claims Checking Account	112,000.00
f.	11/15	Wire to CareFirst - Flexlink Claims	23,877.43
g.	11/15	Wire to CareFirst - Flexlink Admin	4,118.32
h.	11/16	Cash Transferred To Claims Checking Account	30,000.00
i.	11/20	Wire to CareFirst - Flexlink Claims	32,738.46
j.	11/20	Cash Transferred To Claims Checking Account	100,000.00
k.	11/20	Wire to Optum Rx	98,266.45
l.	11/30	Wire to CareFirst - Flexlink Claims	50,238.19
			$1,698,571.09

Balance - November 30, 2018 $0.00

PLUMBERS & STEAMFITTERS LOCAL 486 MEDICAL FUND
CLAIMS ANALYSIS REPORT
FOR THE ELEVEN MONTHS ENDED NOVEMBER 30, 2018

CLAIMS ANALYSIS

Description	Current Month	2018 - Year To Date $	%	2017 Year To Date	2017	%
Hospital	$132,467.00	$1,552,613.71	19.94%	$1,310,368.26	$1,429,492.65	20.65%
Out-patient Hosp.	77,171.85	1,329,610.94	17.08%	1,322,091.97	1,442,282.15	16.02%
Medicare	0.00	0.00	0.00%	(12.43)	(13.56)	0.02%
Lab & X-ray	89,852.45	762,321.30	9.79%	768,594.62	838,466.86	11.83%
Office Visit	75,264.47	837,759.15	10.76%	758,562.30	827,522.51	11.88%
Surgery	55,662.18	749,778.73	9.63%	591,090.51	644,826.01	8.91%
Alcohol Abuse	11,883.00	49,420.60	0.63%	171,821.64	187,441.79	1.03%
Drug Abuse	10,554.38	481,529.03	6.18%	247,517.59	270,019.19	4.07%
Mental & Nervous	17,424.10	339,515.10	4.36%	276,503.65	301,640.35	3.16%
Flex	0.00	0.00	0.00%	0.00	0.00	0.00%
Dental	35,528.90	474,578.39	6.10%	423,312.72	461,795.69	7.29%
Major Medical	24,491.77	522,011.39	6.70%	546,581.40	596,270.62	6.04%
Sudden & Serious	17,384.21	380,440.10	4.89%	376,073.89	410,262.42	5.77%
Accident	1,807.94	48,927.07	0.63%	40,296.35	43,959.65	0.73%
Immunizations	24,508.57	160,806.03	2.07%	77,909.98	84,992.71	1.26%
Catastrophic RX Reimb.	0.00	0.00	0.00%	0.00	0.00	0.02%
Loss Of Time	9,457.94	96,161.53	1.24%	52,488.32	57,259.98	1.32%
	$583,458.76	$7,785,473.07	100.00%	$6,963,200.77	$7,596,219.02	100.00%

RETIREES

10:18:12 Dec 03 2018 C L A I M A N T U S A G E R E P O R T PAGE - 34

F A M I L Y C L A I M A N T S U M M A R Y

Summary Range	# Claimants	% T	Dollars Pd.	% T	% GT	Claim Cnt	AvgCost/ Claimant	FamilyCnt	AvgCost/ Family	Family %
100000.00 PLUS	2	0.0051	122314.36	0.1051	1.0000	47	61157.18	1	122314.36	0.37%
50000.00 TO 99999.99	7	0.0181	253565.74	0.2179	0.8948	387	36223.68	4	63391.44	1.50%
20000.00 TO 49999.99	22	0.0569	473474.48	0.4069	0.6769	685	21521.57	12	39456.21	4.51%
15000.00 TO 19999.99	9	0.0233	85719.88	0.0736	0.2700	179	9524.43	5	17143.98	1.87%
10000.00 TO 14999.99	3	0.0077	25821.91	0.0221	0.1963	56	8607.30	2	12910.96	0.75%
5000.00 TO 9999.99	12	0.0310	57357.79	0.0492	0.1741	330	4779.82	8	7169.72	3.00%
2500.00 TO 4999.99	27	0.0699	41758.76	0.0358	0.1248	348	1546.62	12	3479.90	4.51%
1000.00 TO 2499.99	50	0.1295	42927.81	0.0368	0.0889	335	858.56	30	1430.93	11.27%
500.00 TO 999.99	57	0.1476	27009.60	0.0232	0.0520	217	473.85	36	750.27	13.53%
10.00 TO 499.99	184	0.4766	33583.05	0.0288	0.0288	406	182.52	144	233.22	54.13%
0.00 TO 9.99	13	0.0336	3.99	0.0000	0.0000	32	0.31	12	0.33	4.51%
	386		1163537.37			3022	3014.35	266	4374.20	100.00%
UNDER 0.00							0.00		0.00	0.00%
	386		1163537.37			3022	3014.35	266	4374.20	100.00%

TOTAL

10:19:06 Dec 03 2018 C L A I M A N T U S A G E R E P O R T PAGE - 166

F A M I L Y C L A I M A N T S U M M A R Y

Summary Range	# Claimants	% T	Dollars Pd.	% T	% GT	Claim Cnt	AvgCost/ Claimant	FamilyCnt	AvgCost/ Family	Family %
100000.00 PLUS	27	0.0104	1774421.25	0.2245	1.0000	1420	65719.31	10	177442.13	0.77%
50000.00 TO 99999.99	43	0.0165	1372808.01	0.1737	0.7754	1908	31925.77	20	68640.40	1.55%
20000.00 TO 49999.99	149	0.0574	1811120.66	0.2292	0.6016	4278	12155.17	56	32341.44	4.34%
15000.00 TO 19999.99	108	0.0416	590414.85	0.0747	0.3724	1940	5466.80	34	17365.14	2.63%
10000.00 TO 14999.99	106	0.0408	489635.05	0.0619	0.2977	1712	4619.20	41	11942.32	3.18%
5000.00 TO 9999.99	295	0.1137	758969.67	0.0960	0.2358	4537	2572.78	107	7093.17	8.30%
2500.00 TO 4999.99	424	0.1635	547745.28	0.0693	0.1397	4593	1291.85	152	3603.59	11.79%
1000.00 TO 2499.99	461	0.1777	342515.19	0.0433	0.0704	2914	742.98	216	1585.72	16.75%
500.00 TO 999.99	317	0.1222	113134.91	0.0143	0.0270	1144	356.89	157	720.60	12.18%
10.00 TO 499.99	578	0.2229	100811.84	0.0127	0.0127	1393	174.41	418	241.18	32.42%
0.00 TO 9.99	85	0.0327	22.58	0.0000	0.0000	262	0.27	78	0.29	6.05%
	2593		7901599.29			26101	3047.28	1289	6130.02	100.00%
UNDER 0.00							0.00		0.00	0.00%
	2593		7901599.29			26101	3047.28	1289	6130.02	100.00%

PLUMBERS' AND STEAMFITTERS' LOCAL 486 MEDICAL FUND
NOVEMBER HIGH COST MEDICAL CLAIMS
December 10, 2018

DIAGNOSIS		AMOUNT
PULMONARY EMBOLISM		$30,797.05
RESPIRATORY FAILURE/ ASTHMA		28,978.69
OSTEOPHYTE / NECROTIZING FACIITIS		27,756.44
SUBARACHNOID HEMORRHAGE		26,942.31
FEMUR FRACTURE		26,241.45
KNEE REPLACEMENT		16,727.42
THYROTOXICOSIS		13,454.71
ALCOHOL DEPENDENCE		13,265.54
SUBSTANCE ABUSE / DEPRESSION		13,076.44
MYASTHENIA GRAVIS		10,841.01
ATHEROSCLEROSIS		10,561.32
ATRIAL FIBRILLATION		9,654.07
PARKINSON'S DISEASE		8,873.51
SCROTAL VARICES		7,735.48
KNEE REPLACEMENT		7,526.22
MENISUS TEAR		6,852.66
INCISIONAL HERNIA		6,452.98
SEPSIS		6,303.36
CROHN'S DISEASE		5,804.60
BIPOLAR DISEASE		5,712.07
MENISUS TEAR		5,615.09
CEREBRAL MENINGES NEOPLASM		5,441.84
VERTEBRAL DISC DEGENERATION		5,329.43
	Total	**$299,943.69**

PLUMBERS & STEAMFITTERS LOCAL 486 MEDICAL FUND
PRINCIPAL ACCOUNT ACTIVITY
DELINQUENT CONTRACTORS
AS OF NOVEMBER 30, 2018

Delinquent Contractors:	Work Month	Amount	Date Received
1. Bay Area Mechanical Services	Aug-18		
Bay Area Mechanical Services	Sep-18		
Bay Area Mechanical Services	Oct-18		
2. Capitol Refrigeration, Inc.	Oct-18		
3. Electrical Automation Services	Oct-18		
4. JPG Plumbing Services Inc.	Oct-18		
5. Kent Island Mechanical	Oct-18	$2,400.75	12/3/2018
6. M&E Sales, Inc	Aug-18		
M&E Sales, Inc	Sep-18		
M&E Sales, Inc	Oct-18		
7. S&S Control Systems, Inc.	Oct-18	$11,776.88	12/3/2018
8. South Mountain Mechanical	Sep-18		
South Mountain Mechanical	Oct-18		
9. Statewide Mechanical, Inc.	Oct-18	$6,378.90	12/3/2018
10. Stone Services, Inc.	Oct-18	$1,725.90	12/3/2018
11. Verticon, Inc.	Mar-18	In Litigation	
Verticon, Inc.	Apr-18	In Litigation	
Verticon, Inc.	May-18	In Litigation	
Verticon, Inc.	Jun-18	In Litigation	
Verticon, Inc.	Jul-18	In Litigation	

Plumbers & Steamfitters Local 486
Medical Fund
911 Ridgebrook Road
Sparks, Maryland 21152-9451
Toll Free Telephone (888) 494-4443
www.associated-admin.com

RECEIVED
NOV 13 2018
AA, LLC

APPLICATION FOR RETIREMENT STATUS – MEDICAL FUND

Michael T Fox Sr
Name (First, Middle initial, Last)

Social Security Number

381 Mount Zoar Rd Conowingo Md 21918
Address City State Zip Code

3-21-54
Date of Birth (mm/dd/yyyy)

443-350-1770
Phone Number

09-78
Date of Initiation (mm/dd/yyyy)

Marital Status: ☐ Married ☐ Widowed ☐ Never been married ☐ Separated ☒ Divorced

Date of Marriage _____

Coverage Desired: ☐ Individual ☒ Parent-Child ☐ Family ☐ Husband-Wife ☐ Waive Coverage

List All Eligible Dependents:

Relationship	Name	Social Security Number	Date of Birth (mm/dd/yyyy)
Daughter	Morgan		01-02-1994

Name of any other health insurance with which you or your dependents have as other coverage, including Medicare:

Name	Policy Number	Name of Insurance	Policy Holder's Name

IF ANYONE HAS MEDICARE, PLEASE SEND A COPY OF MEDICARE CARD(S).

I certify that the above persons listed as dependents are my wife and/or children and that I will retire and permanently withdraw from active employment under the Plumbers & Steamfitters industry within the State of Maryland and any intersecting metropolitan areas on the _____ day of _____ 20___.

Michael T Fox Sr
Signature

11-9-18
Date

For Office Use Only – Please Do Not Write in Spaces Below

Retirement Effective Date: 5/1/18

Type of Retirement: Normal

Age: 64
+ 40.75
104.75

Approved for Retirement Status: ☑ Normal ☐ Disability

Chiarman _____ Date _____

368.68

SECTION IV – PROPOSED SCHEDULE OF BENEFITS

PLUMBERS & STEAMFITTERS U.A. LOCAL 486 / MARYLAND

SELF-FUNDED PLAN DESIGN – OPTION 1

BENEFIT / FREQUENCY	MEMBER EXPERIENCE IN-NETWORK	MEMBER EXPERIENCE OUT-OF-NETWORK	CLIENT COST IN-NETWORK	CLIENT COST OUT-OF-NETWORK
EXAMINATION Once Every 12 Months	Covered 100%	Up to $38	Up to $38	Up to $38
LENSES Once Every 12 Months	Standard Glass or Plastic Covered 100%	Single Vision Up to $30 Bi-focal Up to $40 Tri-focal Up to $50 Lenticular Up to $75	Single Vision Up to $32 Bi-focal Up to $42 Tri-focal Up to $52 Lenticular Up to $80	Single Vision Up to $30 Bi-focal Up to $40 Tri-focal Up to $50 Lenticular Up to $75
FRAME Once Every 24 Months	Covered up to $200 Retail Allowance (20% discount off remaining balance over $200 allowance)***	Up to $100	Up to $90	Up to $100
CONTACT LENSES Once Every 12 Months	In lieu of Lenses Only	In lieu of Lenses Only Up to $150	In lieu of Lenses Only	In lieu of Lenses Only Up to $150
ELECTIVE	Covered up to $200 Retail Allowance (15% for Conventional/10% for Disposable discount off remaining balance over $200 allowance)****		Up to $150 ($200 at Contact Fill)	
EVALUATION & FITTING*				
Standard Daily Wear	Covered 100%	Daily Wear: $20	$20	Daily Wear: $20
Standard Extended Wear	Covered 100%	Extended Wear: $30	$30	Extended Wear: $30
Specialty Wear	Covered 100%	Specialty: $50	$50	Specialty: $50
MEDICALLY NECESSARY**	Covered 100%	$210	U&C fee (retail)	$210

*Covered only if member chooses Contact lenses.
**Prior Authorization required from NVA. Includes fitting & follow-up.
***Does not apply for certain proprietary frame brands or where prohibited by law.
****Does not apply at Contact Fill or Cole corporate locations (if applicable) or where prohibited by law. Prohibited by some manufacturers.
NOTE: If covered participants choose extra options, they are responsible for the additional cost of the options paid directly to the provider.

PRICING

Administrative Cost	$0.65 Per Member Per Month ("Member" is a Family Unit)
DVHCC Administrative Cost	$0.45 Per Member Per Month ("Member" is a Family Unit)
Cost of Claims	Billed to group directly
ID Cards (if requested)	$1.45 per ID card

NOTE: The proposed administrative cost is guaranteed for 60 months.

*NVA will invoice Plumbers & Steamfitters U.A. Local 486 a minimum of $500 per month for administrative cost if actual enrollment does not meet the $500 minimum threshold.

EQUIVALENT RATES (NON-DVHCC MEMBER)	EMPLOYEE ONLY	EMPLOYEE + SPOUSE	EMPLOYEE + CHILD(REN)	EMPLOYEE + SPOUSE + CHILD(REN)
	$4.22	$7.67	$11.11	$14.38

Estimated Annual Claims Cost *(for illustrative purposes – Non-DVHCC member):* $190,438.68.

EQUIVALENT RATES (DVHCC MEMBER)	EMPLOYEE ONLY	EMPLOYEE + SPOUSE	EMPLOYEE + CHILD(REN)	EMPLOYEE + SPOUSE + CHILD(REN)
	$4.02	$7.47	$10.91	$14.18

Estimated Annual Claims Cost *(for illustrative purposes – DVHCC member):* $185,912.28.

Please sign and date below and return this schedule of benefits with your completed Vision Set Up Form to Jacqui Hamilton (jhamilton@e-nva.com) upon plan selection as outlined above.

Signature/Date

NVA Approval

PLUMBERS & STEAMFITTERS U.A. LOCAL 486 / MARYLAND

SELF-FUNDED PLAN DESIGN – OPTION 2

BENEFIT FREQUENCY	MEMBER EXPERIENCE IN-NETWORK	MEMBER EXPERIENCE OUT-OF-NETWORK	CLIENT COST IN-NETWORK	CLIENT COST OUT-OF-NETWORK
EXAMINATION Once Every 12 Months	Covered 100%	Up to $38	Up to $38	Up to $38
LENSES Once Every 12 Months	Standard Glass or Plastic Covered 100%	Single Vision Up to $30 Bi-focal Up to $40 Tri-focal Up to $50 Lenticular Up to $75	Single Vision Up to $32 Bi-focal Up to $42 Tri-focal Up to $52 Lenticular Up to $80	Single Vision Up to $30 Bi-focal Up to $40 Tri-focal Up to $50 Lenticular Up to $75
FRAME Once Every 12 Months	Covered up to $200 Retail Allowance (20% discount off remaining balance over $200 allowance)***	Up to $100	Up to $90	Up to $100
CONTACT LENSES Once Every 12 Months	In lieu of Lenses Only	In lieu of Lenses Only Up to $150	In lieu of Lenses Only Up to $150 ($200 at Contact Fill)	In lieu of Lenses Only Up to $150
ELECTIVE	Covered up to $200 Retail Allowance (15% for Conventional/10% for Disposable discount off remaining balance over $200 allowance)****			
EVALUATION & FITTING*				
Standard Daily Wear	Covered 100%	Daily Wear: $20	$20	Daily Wear: $20
Standard Extended Wear	Covered 100%	Extended Wear: $30	$30	Extended Wear: $30
Specialty Wear	Covered 100%	Specialty: $50	$50	Specialty: $50
MEDICALLY NECESSARY**	Covered 100%	$210	U&C fee (retail)	$210

*Covered only if member chooses Contact lenses.
**Prior Authorization required from NVA. Includes fitting & follow-up.
***Does not apply for certain proprietary frame brands or where prohibited by law.
****Does not apply at Contact Fill or Cole corporate locations (if applicable) or where prohibited by law. Prohibited by some manufacturers.
NOTE: If covered participants choose extra options, they are responsible for the additional cost of the options paid directly to the provider.

PRICING

Administrative Cost	$0.65 Per Member Per Month ("Member" is a Family Unit)
DVHCC Administrative Cost	$0.45 Per Member Per Month ("Member" is a Family Unit)
Cost of Claims	Billed to group directly
ID Cards (if requested)	$1.45 per ID card

NOTE: The proposed administrative cost is guaranteed for 60 months.

*NVA will invoice Plumbers & Steamfitters U.A. Local 486 a minimum of $500 per month for administrative cost if actual enrollment does not meet the $500 minimum threshold.

EQUIVALENT RATES (NON-DVHCC MEMBER)	EMPLOYEE ONLY	EMPLOYEE + SPOUSE	EMPLOYEE + CHILD(REN)	EMPLOYEE + SPOUSE + CHILD(REN)
	$4.63	$8.49	$12.36	$16.01

Estimated Annual Claims Cost (*for illustrative purposes – Non-DVHCC member):* $211,228.38.

EQUIVALENT RATES (DVHCC MEMBER)	EMPLOYEE ONLY	EMPLOYEE + SPOUSE	EMPLOYEE + CHILD(REN)	EMPLOYEE + SPOUSE + CHILD(REN)
	$4.43	$8.29	$12.16	$15.81

Estimated Annual Claims Cost (*for illustrative purposes – DVHCC member):* $206,701.98.

Please sign and date below and return this schedule of benefits with your completed Vision Set Up Form to Jacqui Hamilton (jhamilton@e-nva.com) upon plan selection as outlined above.

Signature/Date

NVA Approval

PLUMBERS & STEAMFITTERS U.A. LOCAL 486 / MARYLAND

SELF-FUNDED PLAN DESIGN – OPTION 3

BENEFIT FREQUENCY	MEMBER EXPERIENCE IN-NETWORK	MEMBER EXPERIENCE OUT-OF-NETWORK	CLIENT COST IN-NETWORK	CLIENT COST OUT-OF-NETWORK
EXAMINATION Once Every 12 Months	Covered 100%	Up to $38	Up to $38	Up to $38
LENSES Once Every 12 Months	Standard Glass or Plastic Covered 100%	Single Vision Up to $30 Bi-focal Up to $40 Tri-focal Up to $50 Lenticular Up to $75	Single Vision Up to $32 Bi-focal Up to $42 Tri-focal Up to $52 Lenticular Up to $80	Single Vision Up to $30 Bi-focal Up to $40 Tri-focal Up to $50 Lenticular Up to $75
FRAME Once Every 24 Months	Covered up to $150 Retail Allowance (20% discount off remaining balance over $150 allowance)***	Up to $75	Up to $67.50	Up to $150
CONTACT LENSES Once Every 12 Months	In lieu of Lenses Only	In lieu of Lenses Only Up to $110	In lieu of Lenses Only	In lieu of Lenses Only Up to $110
ELECTIVE	Covered up to $150 Retail Allowance (15% for Conventional/10% for Disposable discount off remaining balance over $150 allowance)****		Up to $112.50 ($150 at Contact Fill)	
EVALUATION & FITTING*				
Standard Daily Wear	Covered 100%	Daily Wear: $20	$20	Daily Wear: $20
Standard Extended Wear	Covered 100%	Extended Wear: $30	$30	Extended Wear: $30
Specialty Wear	Covered 100%	Specialty: $50	$50	Specialty: $50
MEDICALLY NECESSARY**	Covered 100%	$210	U&C fee (retail)	$210

*Covered only if member chooses Contact lenses.
**Prior Authorization required from NVA. Includes fitting & follow-up.
***Does not apply for certain proprietary frame brands or where prohibited by law.
****Does not apply at Contact Fill or Cole corporate locations (if applicable) or where prohibited by law. Prohibited by some manufacturers.
NOTE: If covered participants choose extra options, they are responsible for the additional cost of the options paid directly to the provider.

PRICING

Administrative Cost	$0.65 Per Member Per Month ("Member" is a Family Unit)
DVHCC Administrative Cost	$0.45 Per Member Per Month ("Member" is a Family Unit)
Cost of Claims	Billed to group directly
ID Cards (if requested)	$1.45 per ID card

NOTE: The proposed administrative cost is guaranteed for 60 months.

*NVA will invoice Plumbers & Steamfitters U.A. Local 486 a minimum of $500 per month for administrative cost if actual enrollment does not meet the $500 minimum threshold.

EQUIVALENT RATES (NON-DVHCC MEMBER)	EMPLOYEE ONLY	EMPLOYEE + SPOUSE	EMPLOYEE + CHILD(REN)	EMPLOYEE + SPOUSE + CHILD(REN)
	$3.51	$6.25	$8.99	$11.59

Estimated Annual Claims Cost (*for illustrative purposes – Non-DVHCC member):* $154,962.68.

EQUIVALENT RATES (DVHCC MEMBER)	EMPLOYEE ONLY	EMPLOYEE + SPOUSE	EMPLOYEE + CHILD(REN)	EMPLOYEE + SPOUSE + CHILD(REN)
	$3.31	$6.05	$8.79	$11.39

Estimated Annual Claims Cost (*for illustrative purposes – DVHCC member):* $150,436.28.

Please sign and date below and return this schedule of benefits with your completed Vision Set Up Form to Jacqui Hamilton (jhamilton@e-nva.com) upon plan selection as outlined above.

Signature/Date

NVA Approval

PLUMBERS & STEAMFITTERS U.A. LOCAL 486 / MARYLAND

SELF-FUNDED PLAN DESIGN – OPTION 4

BENEFIT FREQUENCY	MEMBER EXPERIENCE IN-NETWORK	MEMBER EXPERIENCE OUT-OF-NETWORK	CLIENT COST IN-NETWORK	CLIENT COST OUT-OF-NETWORK
EXAMINATION Once Every 12 Months	Covered 100%	Up to $38	Up to $38	Up to $38
LENSES Once Every 12 Months	Standard Glass or Plastic Covered 100%	Single Vision Up to $30 Bi-focal Up to $40 Tri-focal Up to $50 Lenticular Up to $75	Single Vision Up to $32 Bi-focal Up to $42 Tri-focal Up to $52 Lenticular Up to $80	Single Vision Up to $30 Bi-focal Up to $40 Tri-focal Up to $50 Lenticular Up to $75
FRAME Once Every 12 Months	Covered up to $150 Retail Allowance (20% discount off remaining balance over $150 allowance)***	Up to $75	Up to $67.50	Up to $75
CONTACT LENSES Once Every 12 Months	In lieu of Lenses Only	In lieu of Lenses Only Up to $110	In lieu of Lenses Only	In lieu of Lenses Only Up to $110
ELECTIVE	Covered up to $150 Retail Allowance (15% for Conventional/10% for Disposable discount off remaining balance over $150 allowance)****		Up to $1112.50 ($150 at Contact Fill)	
EVALUATION & FITTING*				
Standard Daily Wear	Covered 100%	Daily Wear: $20	$20	Daily Wear: $20
Standard Extended Wear	Covered 100%	Extended Wear: $30	$30	Extended Wear: $30
Specialty Wear	Covered 100%	Specialty: $50	$50	Specialty: $50
MEDICALLY NECESSARY**	Covered 100%	$210	U&C fee (retail)	$210

*Covered only if member chooses Contact lenses.
**Prior Authorization required from NVA. Includes fitting & follow-up.
***Does not apply for certain proprietary frame brands or where prohibited by law.
****Does not apply at Contact Fill or Cole corporate locations (if applicable) or where prohibited by law. Prohibited by some manufacturers.
NOTE: If covered participants choose extra options, they are responsible for the additional cost of the options paid directly to the provider.

PRICING

Administrative Cost	$0.65 Per Member Per Month ("Member" is a Family Unit)
DVHCC Administrative Cost	$0.45 Per Member Per Month ("Member" is a Family Unit)
Cost of Claims	Billed to group directly
ID Cards (if requested)	$1.45 per ID card

NOTE: The proposed administrative cost is guaranteed for 60 months.

*NVA will invoice Plumbers & Steamfitters U.A. Local 486 a minimum of $500 per month for administrative cost if actual enrollment does not meet the $500 minimum threshold.

EQUIVALENT RATES (NON-DVHCC MEMBER)	EMPLOYEE ONLY	EMPLOYEE + SPOUSE	EMPLOYEE + CHILD(REN)	EMPLOYEE + SPOUSE + CHILD(REN)
	$3.88	$6.99	$10.10	$13.04

Estimated Annual Claims Cost (*for illustrative purposes – Non-DVHCC member):* $173,463.61.

EQUIVALENT RATES (DVHCC MEMBER)	EMPLOYEE ONLY	EMPLOYEE + SPOUSE	EMPLOYEE + CHILD(REN)	EMPLOYEE + SPOUSE + CHILD(REN)
	$3.68	$6.79	$9.90	$12.84

Estimated Annual Claims Cost (*for illustrative purposes – DVHCC member):* $168,937.21.

Please sign and date below and return this schedule of benefits with your completed Vision Set Up Form to Jacqui Hamilton (jhamilton@e-nva.com) upon plan selection as outlined above.

Signature/Date

NVA Approval

Fixed Pricing on Lens Options

Lens Options	Fixed Fees	Lens Options	Fixed Fees
UV Coatings	$12.00	Transitions SV (Standard)	$65.00
Anti-Reflective Coatings (Standard)	$40.00	Transitions BI (Standard)	$70.00
Polycarbonate SV	$25.00	Transitions TRI (Standard)	$70.00
Polycarbonate BI	$30.00	Scratch-Resistant Coating (Standard)	$10.00
Polycarbonate TRI	$30.00	Progressives (Standard)*	$50.00
Glass Photogrey SV	$20.00	Progressives (Premium)*	$100.00
Glass Photogrey BI	$30.00	Polarized	$75.00
Glass Photogrey TRI	$30.00	High Index	$55.00
Solid Tints	$10.00	Fashion Gradient Tint	$12.00
Blended Bifocals (Segment)	$30.00		

*Fixed pricing not available on certain brands.

Note: Fixed prices are available in-network only. Members receive a 20% courtesy discount on lens options not listed above. Discounts are not insured benefits. In certain states, members may be required to pay the full retail amount and not the negotiated discount amount at certain participating providers.

Added Value Services Included

MAIL ORDER CONTACT LENS REPLACEMENT PROGRAM	See **NVA Value-Added Services at No Additional Cost** section on the subsequent page for more details about the NVA Mail Order Contact Lens Replacement Program
LASIK SURGERY	Extensive discounts at participating LASIK Providers. In certain states, members may be required to pay the full retail amount and not the negotiated discount amount at certain participating providers.
HEARING DISCOUNT	Up to 30-60% off retail at participating provider locations through EPIC Hearing

NVA EYEESSENTIAL® Plan

After the enrolled member has exhausted their funded benefit, they are eligible to access the EYEESSENTIAL® Plan discount on additional purchases during the plan period.

NVA introduces the EYEESSENTIAL® Discount Plan – a low cost, member-friendly vision discount plan which includes significant discounts on materials through participating NVA network ECPs. Below is the plan design.

Service or Material	Member Cost
Comprehensive Vision Examination (Including dilation as professionally indicated)	Balance after $10 Discount
Lenses	**Standard Glass or Plastic**
Single Vision	$35.00
Bifocal	$55.00
Trifocal	$70.00
Lenticular	$70.00
Lens Options	
UV Coating	$12.00
Tint (Solid & Gradient)	$12.00
Scratch Resistant Coating (Standard)	$15.00
Polycarbonate (Standard)	$35.00
Anti-Reflective Coating (Standard)	$45.00
Polarized	$75.00
Transitions (Standard)	Single Vision - $65.00 Bifocal & Trifocal – $70.00
Progressive (Standard)	$50.00 + Bifocal/Trifocal Charge
Other Add-On Services	20% off retail
Frames (Any eligible frame at ECP's location)	35% off retail
Contact Lenses (Discount does not apply at Contact Fill)	
Conventional	15% off retail price
Disposable	10% off retail price
Fitting and Follow Up	10% off retail price

Please Note: The NVA EYEESSENTIAL® Plan is available at an in-network provider only. Frequency of use is unlimited. EYEESSENTIAL® Discount Program prices do not apply at select retail locations including Walmart/Sam's Club locations due to Walmart/Sam's Club Everyday Low Prices and Cole corporate locations. In certain states, members may be required to pay the full retail amount and not the negotiated discount amount at certain participating providers.

Plumbers and Steamfitters Local 486

Proposed Benefits

Option 1
Exam and Materials
Insight Network
ASO
Employer Paid or Bundled with Medical
Funded Benefits

Vision Care Services	Member Cost In-Network	Out of Network Membe Reimbursement up to
Exam *With Dilation as Necessary*	$10 Copay	$45
Frames *Any available frame at provider location*	$0 Copay; $130 allowance, 20% off balance over $130	$104
Contact Lenses *(Contact Lens allowance includes materials only)*		
Conventional	$0 Copay, $130 allowance, 15% off balance over $130	$104
Disposable	$0 Copay, $130 allowance, plus balance over $130	$104
Medically Necessary	$0 Copay, Paid-In-Full	$210
Standard Plastic Lenses		
Single Vision	$25 Copay	$40
Bifocal	$25 Copay	$60
Trifocal	$25 Copay	$80
Lenticular	$25 Copay	$80
Standard Progressive	$80 Copay	$60
Premium Progressive Tier 1	$110 Copay	$60
Premium Progressive Tier 2	$120 Copay	$60
Premium Progressive Tier 3	$135 Copay	$60
Premium Progressive Tier 4	$200 Copay	$60
Covered Lens Options		
Standard Anti-Reflective	$45 Copay	$5
Premium Anti-Reflective Tier 1	$57 Copay	$5
Premium Anti-Reflective Tier 2	$68 Copay	$5
Premium Anti-Reflective Tier 3	$85 Copay	$5

Frequency

Examination
Once every 12 months

Lenses (in lieu of contact lenses)
Once every 12 months

Contacts (in lieu of lenses)
Once every 12 months

Frame
:e every 24 months

Monthly Rate
Per Subscriber Per Month $0.33

All plans are based on a 48-month contract term and 48-month rate guarantee
Monthly Rate is subject to adjustment even during a rate guarantee period in the event of any of the following events: changes in benefits, employee contributions, the number of eligible employees, or the imposition of any new taxes, fees or assessments by Federal or State regulatory agencies

EyeMed Vision Care reserves the right to make changes to the products available on each tier. All providers are not required to carry all brands on all tiers. For current listing of brands by tier, visit http://www.discovereyemed.com

Plan Details
Quote for group situsedin the State of MD and will be valid until the 1/1/2019 implementation date. Date Quoted 6/26/2018. Benefit allowances provide no remaining balance for future use within the same benefit frequency. Rates are valid only when the quoted plan is the sole stand-alone vision plan offered by the group. Percentage discounts are not part of the insurance benefit.

Plan Exclusions
No benefits will be paid for services or materials connected with or changes arising from:
-orthoptic or vision training, subnormal vision aids and any associated supplemental testing; Aniseikonic lenses;
-medical and/or surgical treatment of the eye, eyes or supporting structures;
-any Vision Examination, or any corrective eyewear required by a Policyholder as a condition of employment; safety eyewear;
-services provided as a result of any Workers' Compensation law, or similar legislation, or required by any governmental agency or program whether federal, state or subdivisions thereof;
-plano (non-prescription) lenses;
-prescription sunglasses;
-two pair of glasses in lieu of bifocals;
-services or materials provided by any other group benefit plan providing vision care;
-services rendered after the date an Insured Person ceases to be covered under the Policy, except when Vision Materials ordered before coverage ended are delivered, and services rendered to the Insured Person are within 31 days from the date of such order; or
-lost or broken lenses, frames, glasses, or contact lenses will not be replaced except in the next Benefit Frequency when Vision Materials would next become available.

elf-insured plans, Group cost per service is the provider contract rate less Copay.

By signing below, the Group agrees to receive all documents and correspondence electronically and that the Group can access the internet or the email address provided. The Group understands that the Group may revoke this authorization or request specific paper documents without revoking this authorization by contacting EyeMed by mail, email, or telephone. If Plumbers and Steamfitters Local 486 has chosen this benefit design, attach this document to the group application and sign here:

Signature 22 Date

Plumbers and Steamfitters Local 486
Saving our members some extra green

We're committed to keeping money in our members' pockets.
That's why we offer our members additional discounts above the proposed plan benefits.

Savings for Members

40% off
additional pairs of glasses and a 15% discount on conventional lenses once funded benefit is used – an industry exclusive

20% off
any item not covered by the plan, including non-prescription sunglasses

Lasik
Lasik or PRK from US Laser Network
15% off retail price or 5% off promotional price

Hearing Care
Amplifon Hearing Health Care Network
40% off hearing exams and a low price guarantee on discounted hearing aids

Additional Discounts

Vision Care Services	Member Cost In-Network
Discounted Exam Services	
Retinal Imaging Benefit	Up to $39
Contact Lens Fit and Follow-up *(Contact lens fit and two follow-up visits are available once a comprehensive eye exam has been completed.)*	
Standard Contact Lens Fit & Follow-Up:	$40
Premium Contact Lens Fit & Follow-Up:	10% off retail price
Discounted Lens Options	
Photochromic (Plastic)	$75
Tint (Solid & Gradient)	$15
UV Treatment	$15
Standard Plastic Scratch Coating	$15
Standard Polycarbonate - age 19 and over	$40
Standard Polycarbonate - under age 19	$40
Other Add-on Services and Materials	20% off Retail Price

Discount Details
Member receives a 20% discount on items not covered by the plan at EyeMed In-Network locations. Discount does not apply to EyeMed Provider's professional services, or contact lenses.
Plan discounts cannot be combined with any other discounts or promotional offers.
In certain states members may be required to pay the full retail rate and not the negotiated discount rate with certain participating providers. Please see EyeMed's online provider locator to determine which participating providers have agreed to the discounted rate.
Discounts on vision materials may not be applicable to certain manufacturers' products
EyeMed Vision Care reserves the right to make changes to the products on each tier and the member out-of-pocket costs. Fixed pricing is reflective of brands at the listed product level. All providers are not required to carry all brands at all levels.
Service and amounts listed above are subject to change at any time

NAME: **SS#:**
REGARDING:

Plumbers & Steamfitters Local 486 Medical Fund

LOCAL: 486
STATUS: Full Time

ISSUE: Medical - Emergency Services #M18/166-6550

FUND RULE:
"Emergency Expense Benefit
The Plan pays usual, customary and reasonable charges for expenses incurred as a result of an emergency illness providing the expenses are incurred within 12 hours of the onset of the illness.

Please be advised that reimbursements for services rendered in a hospital emergency room are limited to those directly related to emergency care. There will be no reimbursement for routine services obtained in a hospital emergency room.

Emergency care is defined as 'a condition which poses a serious threat to the well being of the patient, if not treated immediately.' Examples of conditions which would be classified as emergency care include, but are not limited to: Heart Attacks, Severe Hemorrhage, Unexplained Fainting, Poisonings, Acute Allergic Reactions, Respiratory Distress, Convulsions, Diabetic Coma."
(Plumbers and Steamfitters Local 486 Medical Plan SPD, June 2018 edition, Pages 19-20)

SUMMARY:

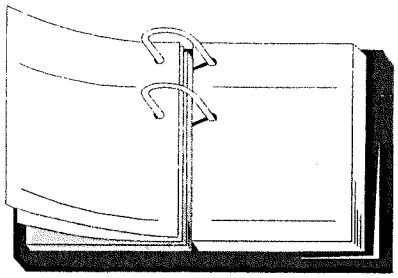
Date(s) of Service:	August 23, 2018
Received:	September 4, 2018
Denied:	September 17, 2018
Appeal Received:	November 28, 2018

The **participant** is appealing for payment of a claim for emergency room services provided to his spouse that was denied. The participant states, "We realize this wasn't life threatening now. But at the time, she was having chest pain and was short of breath. Same symptoms she was having on Mother's Day this year when they admitted her to [the] hospital and found she had a 99% blockage in one of her arteries and had a stent put in. We just wanted to be safe."

Fund records indicate Meritus Medical Center and MEP Health, LLC submitted claims for emergency room services on August 23, 2018 with the primary diagnoses "Acute upper respiratory infection and acute bronchospasm." The emergency room physician charges were paid up to the limits of the Plan. The emergency room facility charges were denied because the visit was not considered emergency treatment within the extent of the Plan based on the diagnoses submitted.

Medical records received with the appeal indicate the participant's spouse was seen on Thursday, August 23, 2018 at 7:17pm with a chief complaint of cough and congestion beginning two days prior. The records further indicated that the participant's spouse denied shortness of breath and chest pain. The participant's spouse was evaluated; a chest x-ray and labwork were performed, and she was subsequently discharged home at 10:15pm with instructions to follow up with her primary care physician in 2-3 days. After review, the emergency room facility charges remained denied.

ACTION: **Approved** ☐ **Denied** ☐ **Tabled** ☐
COMMENTS:



MEETING NOTES